

PATENT

Attorney Docket No. INS-3106

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Alan R. Hirsch

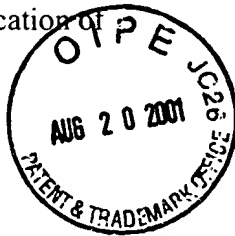
Serial No. : 09/707,655

Filing Date : November 7, 2000

For : Use Of Odorants To Alter Vaginal Blood Flow, and Article of  
Manufacture Therefor

Group Art Unit : 1651

Examiner : C. Tate



RECEIVED  
AUG 22 2001  
TECH CENTER 1600/2900  
GP/1651

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that the date shown below, this correspondence is being:

Mailing

☒ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

37 CFR 1.8(a)

37 CFR 1.10

☒ with sufficient postage as first class mail

☐

As "Express Mail Post Office to Addressee"  
Mailing Label No. \_\_\_\_\_

Transmission

☐ transmitted by facsimile to Fax No. \_\_\_\_\_ addressed to Examiner \_\_\_\_\_ at the Patent and Trademark Office

Date: 8-17-01

*Donald Hargreaves*

Assistant Commissioner for Patents  
Washington, D.C. 20231

TRANSMITTAL

- Transmitted herewith is: Response to Restriction/Preliminary Amendment;  
Supplemental Information Disclosure Statement; Form 1449; References  
Return Postcard.

STATUS

- Applicant is a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

				Small Entity		Large Entity	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra X Rate	Additional Fee	Rate	Additional Fee
Total 25	Minus	25	=	0 x 9= \$---	\$ ---	x 18	\$
Independent 3	Minus	3	=	0 x 39= \$---	\$ ---	x 80	\$
FIRST PRESENTATION OF MULTIPLE DEP CLAIM							

TOTAL  
ADDIT. Fee \$

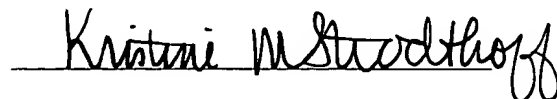
or TOTAL  
ADDIT. Fee \$

c. ☒ No additional fee for claims is required.

d. ☐ Total additional fee for claims required \$\_\_\_\_\_.

**FEE DEFICIENCY**

5. If any additional extension and/or fee is required, charge Account No. 23-2053.  
If any additional fee for claims is required, charge Account No. 23-2053.



Kristine M. Strodthoff  
Reg. No. 34,259  
Whyte Hirschboeck Dudek S.C.  
111 East Wisconsin Avenue  
Suite 2100  
Milwaukee, WI 53202  
(414) 273-2100

Date: August 17, 2001

Customer No. 022202